

CITY OF ROCKVILLE

2015 Youth Tennis Tournaments

Everyone's a winner in the Youth Tennis Tournament. The tournament emphasizes match play development in a fun competitive format. Two USTA sanctioned divisions.

10 and Under Division. For youth ages 9-10. Uses kid-sized courts and rackets and low compression balls.

Summer Tournament

WHEN: Saturday, June 6, 11 a.m.-5 p.m.
COST: \$28 Resident/\$33 Non-resident
COURSE NUMBER: 50576
REGISTRATION DEADLINE: May 29

Fall Tournament

WHEN: Saturday, Sept. 26, 11 a.m.-5 p.m.
COST: \$28 Resident/\$33 Nonresident
COURSE NUMBER: 52046
REGISTRATION DEADLINE: Sept. 18

12 and Under Division. For youth ages 11-12. Uses the standard courts and rackets and green dot balls.

Summer Tournament

WHEN: Saturday, June 13, 8 a.m.-5 p.m.
COST: \$33 Resident/\$38 Non-resident
COURSE NUMBER: 50575
REGISTRATION DEADLINE: May 29

2nd Tournament - Saturday, Aug. 22

WHEN: Saturday, Aug. 22, 8 a.m.-5 p.m.
COST: \$33 Resident/\$38 Nonresident
COURSE NUMBER: 52048
REGISTRATION DEADLINE: Aug. 14

WHERE: City of Rockville Tennis Courts - TBA

Racket not supplied.

LIKE US ON FACEBOOK: www.facebook.com/rockville.sports.leagues



4 WAYS TO REGISTER

1. **Online:** www.rockvillemd.gov/recreation click on "Rock Enroll" under "Quick Links"
2. **Fax to:** 240-314-8659
3. **Mail to:** Rockville City Hall, c/o Dept. of Rec. and Parks, 111 Maryland Ave., MD 20850
4. **Walk-In:** Location listed above. Hours: 8:30 a.m.-5 p.m.



240-314-8620 • www.rockvillemd.gov/recreation/sports

Youth Tennis Registration Form 2015

MAIN CONTACT: *required information

*Home/Cell Phone: _____ ☐ Check here if new address/phone since last time registered.

*Last Name _____ First Name _____ DOB: / / Sex: M/F

*Address: _____

*City/State/Zip _____

*Work Phone _____ * Email Address: _____

EMERGENCY CONTACT: (other than parent or adult participant)

First Name _____ Last Name _____ Phone _____

PARTICIPANTS: Divisions: ☐ 10-under ☐ 12-under USTA Ranking / Ability level: _____

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Sch. Yr. '14-'15 Grade	Fee

Additional Contribution to Recreation Fund: \$ _____

Total: \$ _____

Special Needs: Participants with special needs should contact our office three weeks prior to activity.

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian _____

PAYMENT

Received by: ☐ Mail In ☐ Online ☐ Fax

Amount Paid \$ _____ Cash ☐ Check # _____



Exp. Date ____ / ____

Signature (name on card) _____

OFFICE USE ONLY:

Check _____ Cash _____ Charge _____

Other _____

Processed by: _____

Date Processed: _____

Total Paid: \$ _____